Synopsis: As the Board of Health considers secure medicine return, it must establish public education requirements about proper storage and safe disposal of medicines. The Board should also consider periodic evaluation of these efforts.

Examples of current education and promotion activities for local voluntary take-back programs:

- Bartell Drugs promotes drop boxes available in some of their stores through print brochures at all stores, information on their website, and periodic notices in their weekly newspaper ads.
- Group Health Cooperative promotes use of their drop boxes in their member newsletters and on their website.
- Law enforcement agencies with medicine drop boxes conduct periodic community outreach efforts,
 and rely on community partners to promote use of their programs
- Local governments, including the LHWMP and its partner agencies, promote use of voluntary medicine take-back locations through their websites, local government newsletters, mailers and print materials
- LHWMP works with coalition partners to provide and promote use of <u>www.TakeBackYourMeds.org</u>
 which has a searchable database of medicine take-back locations in King County and across the state.
- LHWMP provides the Household Hazards phone line for residents requesting information about household hazardous waste disposal.
- Limited outreach has been accomplished to health care providers, primarily through LHWMP's partnership with health and medical organizations.

These outreach methods are not comprehensive or fully coordinated at this time.

Considerations for this decision include:

- The requirements needed to ensure that residents of the county are well informed.
- The activities that should be voluntary and which should be mandatory for different stakeholders.

Policy decisions to be made:

1. Define education/promotion activities and responsibilities of drug producers as providers of the medicine take-back system.

Considerations:

- Product stewardship policies typically require producers to adequately promote the use of the takeback system. Specificity in the policy is desirable to make requirements clear and measurable, but flexibility to allow for innovative and effective approaches is also desirable.
- 2. Define education activities for other stakeholders, such as pharmacies, health care providers and health insurers. Determine if these activities are mandated or recommended.

Considerations:

 Retailers may be resistant to requirements to provide specific signage or materials in their stores from other sources, so consideration could be given to allowing retailers latitude to customize materials to be consistent with their branding. 3. Define education responsibilities of local governments. Determine if these activities are mandated or recommended.

Considerations:

- Voluntary activities, or mandatory activities that utilize existing educational methods, should not impose new financial burdens on local governments.
- 4. Define any required evaluation measurements of education effectiveness and who is required to conduct.

Considerations:

 Product stewardship policies often require that producers provide an evaluation of effectiveness of their education and outreach efforts in their annual report to the Department, and may also require conduct of public awareness surveys.

| Stakeholder Group | Mandated Activities & Responsibilities | Voluntary Activities |
|--|--|----------------------|
| Drug Producers | | |
| Pharmacies | | |
| Health care providers and other health system entities | | |
| Local Governments | | |
| Other Stakeholders? | | |

Attachments:

Policy Comparison Table: #5 "Education Requirements"